



# Report of a Restrictive Practice Thematic Inspection of a Designated Centre for Older People.

## Issued by the Chief Inspector

Name of designated centre:	Edenderry Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Ofalia House, St. Mary's Road, Edenderry, Offaly
Type of inspection:	Unannounced
Date of inspection:	11 April 2024
Centre ID:	OSV-0000525
Fieldwork ID:	MON-0043356

## What is a thematic inspection?

The purpose of a thematic inspection is to drive quality improvement. Service providers are expected to use any learning from thematic inspection reports to drive continuous quality improvement which will ultimately be of benefit to the people living in designated centres.

Thematic inspections assess compliance against the National Standards **for Residential Care Settings for Older People in Ireland**. See Appendix 1 for a list of the relevant standards for this thematic programme.

There may be occasions during the course of a thematic inspection where inspectors form the view that the service is not in compliance with the regulations pertaining to restrictive practices. In such circumstances, the thematic inspection against the National Standards will cease and the inspector will proceed to a risk-based inspection against the appropriate regulations.

## What is 'restrictive practice'?

Restrictive practices are defined in the *Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013* as **'the intentional restriction of a person's voluntary movement or behaviour'**.

Restrictive practices may be physical or environmental<sup>1</sup> in nature. They may also look to limit a person's choices or preferences (for example, access to cigarettes or certain foods), sometimes referred to as 'rights restraints'. A person can also experience restrictions through inaction. This means that the care and support a person requires to partake in normal daily activities are not being met within a reasonable timeframe. This thematic inspection is focussed on how service providers govern and manage the use of restrictive practices to ensure that people's rights are upheld, in so far as possible.

**Physical** restraint commonly involves any manual or physical method of restricting a person's movement. For example, physically holding the person back or holding them by the arm to prevent movement. **Environmental** restraint is the restriction of a person's access to their surroundings. This can include restricted access to external areas by means of a locked door or door that requires a code. It can also include limiting a person's access to certain activities or preventing them from exercising certain rights such as religious or civil liberties.

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<sup>1</sup> Chemical restraint does not form part of this thematic inspection programme.

## About this report

This report outlines the findings on the day of inspection. There are three main sections:

- What the inspector observed and residents said on the day of inspection
- Oversight and quality improvement arrangements
- Overall judgment

In forming their overall judgment, inspectors will gather evidence by observing care practices, talking to residents, interviewing staff and management, and reviewing documentation. In doing so, they will take account of the relevant National Standards as laid out in the Appendix to this report.

**This unannounced inspection was carried out during the following times:**

Date	Times of Inspection	Inspector of Social Services
Thursday 11 April 2024	10:15hrs to 16:00hrs	Sean Ryan

## What the inspector observed and residents said on the day of inspection

This was an unannounced inspection, focused on the use of restrictive practices in the designated centre. This thematic inspection assessed compliance with the National Standards for Residential Care Settings for Older People in Ireland, 2016. The findings of this inspection were that there was an ethos of respect for residents, and the service promoted a culture where a rights-based approach to care placed residents' rights to the fore.

The inspector arrived to the centre during the morning time and was met by the person in charge and a clinical nurse manager. Following an introductory meeting, the inspector walked through the centre and met with residents in their bedrooms and communal areas.

The atmosphere was peaceful and relaxed, and care was observed to be delivered in an unhurried manner. Many of the residents were up from bed and were observed in a variety of communal areas enjoying the company of one another. Some residents chose to remain in their bedroom listening to the radio and reading the daily newspaper. Staff were observed to spend time engaging with residents in communal areas and they frequently checked on residents in their bedrooms to ensure they were comfortable. Staff were seen to engage with residents, asking them their preferences with regard to attending the communal dayroom or remaining in their bedroom. Residents told the inspector that staff were respectful of their choices.

Edenderry Community Nursing Unit provided care for both male and female adults with a range of dependencies and needs. The centre is situated in the town of Edenderry in east County Offaly. It is a single-storey facility that can accommodate 28 residents. The centre provided residents with a variety of accessible private and communal space. As the centre was situated adjacent to a main road, there was a key-card lock used to open the main entrance door. However, residents and visitors could exit the building independently as there was a key-code displayed beside the door.

The designated centre consisted of three units, which converged onto the central communal dining room. Each unit also had a communal area that provided residents with additional sitting and dining space. The inspector observed the centre to be appropriately furnished and decorated with pleasant pictures and comfortable furnishings throughout. The inspector observed that the physical environment allowed for care to be provided in a non-restrictive manner. Residents living in the centre had access to a wide range of assistive equipment such as wheelchairs, rollators and walking aids to enable them to be as independent as possible. A number of residents were seen mobilising independently around the centre.

Residents had unrestricted access to two secure enclosed gardens. Pathways were safe and accessible throughout the gardens. There was seating available in the garden for residents to use. Appropriately placed seating made it easier for residents with mobility issues to walk, as it allowed them to rest at various points. This practice

ensured that people's mobility and independence was maximised. Throughout the day, residents were observed enjoying the garden area.

Residents were complimentary of their accommodation and were facilitated to personalise their room with their own belongings. They said the bedrooms were a comfortable size and layout and contained ample storage space for their belongings. Residents described how their bedroom and en-suite supported their independence. Doors were sufficiently wide to allow residents with mobility aids to access their en-suite facilities with ease, and appropriately placed handrails ensured residents could undertake activities independently.

The inspector spent time in the various communal areas of the centre observing staff and resident interactions. The inspector observed that personal care and grooming was attended to a good standard, and staff engaged with residents to ensure their preference with regard to their individual style and appearance was respected. Staff were patient and kind, and while they were busy assisting residents with their needs, care delivery was observed to be unhurried. Positive meaningful interactions were observed between staff and residents throughout the inspection. Staff had good knowledge of resident's social histories, their family, and their hobbies and interests.

The inspector observed there was a wide range of stimulating and engaging activities available throughout the day, that provided opportunities for socialisation, recreation, and learning. Some residents took part in group activities while other residents preferred one-to-one activities such as hand massage and reminiscing about past events with staff. Residents said they were encouraged and enabled to attend activities, and their choice to attend these or not was respected. For example, there was a religious service held in the centre during the inspection. A large group of residents attended the service. Staff were observed inviting other residents to attend the service, and their choice not to attend was respected.

The provider promoted a restraint-free environment in the centre, in line with local and national policy. There were no physical restraints such as bedrails in use in the centre. The provider had a variety of alternative devices and equipment to support an initiative to eliminate the use of bedrails. For example, a number of residents, who were assessed as being at risk of falling, used low beds. In bedrooms, alarms were in place for a small number of residents. The alarm was connected to the residents' call-bell system to alert staff to assist residents that were identified as at risk of falling. The provider also ensured that residents were not restricted within their environment.

A number of residents used specialised chairs that had been assessed, as required for their needs, by an occupational therapist. These chairs had the potential to be restrictive as they could inhibit a person from getting up and walking independently. However, the residents using these chairs were immobile, due to their deteriorating health, and the chairs were attained following clinical assessment and were not in use as a restrictive practice. Care plans clearly outlined the rationale for use of these specific chairs and described the precautions and checks to be maintained.

The inspector saw that residents were free to access all areas of the centre, with the exception of clinical, storage and ancillary rooms. Some residents, who were assessed

as being at risk of leaving the centre unnoticed and unaccompanied, were provided with discreet bracelets that triggered an alarm should the resident exit the building unaccompanied. This device ensured that residents were safe and did not appear to impact on the resident's independence.

Staff demonstrated an appropriate awareness of restrictive practices. This was evidenced through discussions with the management and staff on the various form of restrictive practices, and the measures in place to reduce or eliminate their use. Staff emphasised that consultation with residents with regard to the use of restrictive practices was essential to provide person-centred care, tailored to resident's needs. Staff referenced the centre's policy and associated procedures as the principle guiding document in the management of restrictive practices.

Each resident had an appropriate assessment of risk completed with regard to the use of restrictive practices such as sensor alarm mats, reclining specialised chairs, and environmental restrictions. Assessments of risk informed the development of person-centred care plans.

There was large notice boards that displayed a variety of information for residents. This included information on safeguarding services, the complaints procedure, and independent advocacy services. Residents who could not express their own opinions were represented by a family member or a care representative who represented the resident's best interest.

Complaints were recorded separately to the residents' care plans. The complaints procedure was clearly displayed in the centre and both residents and their families were aware of the process.

There were a variety of formal and informal methods of communication between the management team. It was clearly evident that management knew residents and their relatives well. Residents told the inspector that they felt they were listened to. Residents were provided with opportunities to express their feedback about the quality of the service during formal resident forum meetings and day-to-day chats with the staff and management.

There was evidence that residents feedback was acted upon to improve the service they received in areas such as the activities programme, and menu choices. Conversations with residents clearly identified that residents were very happy with the service provided. Residents stated that they felt safe living in the centre. Residents told the inspector that the standard of communication between them and the staff was very good. They said they were kept informed of their health, decisions about their care, and of what was going on the centre.

Visitors were observed coming in and out of the centre throughout the day and told the inspector that they were always welcome and were assured that the care provided to their relatives was of a good standard.

The following section of this report details the findings in relation to the overall delivery of the service, and how the provider is assured that an effective and safe service is provided to the residents living in the centre.

## Oversight and the Quality Improvement arrangements

The inspector found that there was a positive approach to reducing restrictive practices and promoting a restraint free environment in this centre. The service prioritised residents' rights to live as independently as possible without unnecessary restriction, and to ensure residents were supported to live meaningful lives. There was effective governance and leadership in the centre, which supported a commitment to quality improvement with respect to restrictive practices, person-centred care, and promoting residents' rights.

The person in charge was familiar with the guidance and had been working with the nursing and care team to reduce, where possible, restrictive practices. The person in charge had completed the self-assessment questionnaire prior to the inspection and submitted it to the Office of the Chief Inspector for review. The person in charge had assessed the standards relevant to restrictive practices as being Compliant. A quality improvement plan was in progress to provide additional training and education to staff in relation to restrictive practices, and how to support residents to manage their responsive behaviours.

The centre was managed with an emphasis on promoting people's autonomy and independence. The inspector was satisfied that residents were supported to pursue their own choices and preferences and that their rights were respected. It was clear to the inspector that the person in charge played a leadership role in ensuring the ethos of the centre was focused on promoting residents' rights. This allowed residents to engage in activities of their choosing and pursue interests that involved an element of positive risk-taking.

There were effective governance structures in place to support oversight in relation to restrictive practices. The person in charge collated and monitored information in relation to restrictive practices. This information was analysed and trended in conjunction with information in relation to the incidence of resident falls to identify trends and establish if further equipment was required to support residents in the least restrictive manner possible.

The provider had systems in place to monitor the use of restrictive practices in the centre. Restrictive practices were monitored daily through the centre's restrictive practice register. The register contained the details of residents who were provided with alarms to promote their safety.

There were arrangements in place to evaluate and improve the quality and safety of the service provided to residents through scheduled audits. Restrictive practice audits were completed on a quarterly basis, and examined compliance with the National Standards for Residential Care Settings for Older People in Ireland (2016), and

associated themes. Audits were effective to support the management team to identify some areas for quality improvement in the service, and informed the development of quality improvement action plans. For example, audits had identified that further quality improvement was required under the theme associated with a responsive workforce. An action plan was in place to ensure staff were appropriately trained and educated in relation to the various types of restrictive practices, their impact on residents' rights, and a requirement for further training to support residents living with responsive behaviour.

The inspector reviewed the care plans for residents who were assessed as requiring the use of a restrictive practice. There was evidence to show that staff had trialled alternative and less restrictive methods. Following assessments and care planning, written consent was sought from residents for care and interventions, when required.

The use of resources were effectively planned and managed. The centre had access to equipment and resources that ensured care could be provided in the least restrictive manner. Where appropriate, residents had access to alternative, and least restrictive, equipment resources such as low beds. The inspector found that the design and layout of the physical environment supported residents to be independent and did not place restrictions on residents. Communal areas, corridors, external gardens, and bedroom accommodation were accessible to residents.

Staff were facilitated to attend training relevant to their role to develop knowledge and competence to manage and deliver person-centred safe care to the residents. This included training relevant to safeguarding vulnerable people, and restrictive practices. Staff were knowledgeable about restrictive practices, and the actions they would take if they had a safeguarding concern. Staff confirmed that there were adequate staff, with the appropriate skill-mix to meet the needs of the resident's.

Overall, there was a positive culture in Edenderry Community Nursing Unit, with an emphasis on a restraint free environment to support a good quality of life that promoted the overall wellbeing of residents while living in the centre.

## Overall Judgment

The following section describes the overall judgment made by the inspector in respect of how the service performed when assessed against the National Standards.

### Compliant

Residents enjoyed a good quality of life where the culture, ethos and delivery of care were focused on reducing or eliminating the use of restrictive practices.



### The National Standards

This inspection is based on the *National Standards for Residential Care Settings for Older People in Ireland (2016)*. Only those National Standards which are relevant to restrictive practices are included under the respective theme. Under each theme there will be a description of what a good service looks like and what this means for the resident.

The standards are comprised of two dimensions: Capacity and capability; and Quality and safety.

There are four themes under each of the two dimensions. The **Capacity and Capability** dimension includes the following four themes:

- **Leadership, Governance and Management** — the arrangements put in place by a residential service for accountability, decision-making, risk management as well as meeting its strategic, statutory and financial obligations.
- **Use of Resources** — using resources effectively and efficiently to deliver best achievable outcomes for people for the money and resources used.
- **Responsive Workforce** — planning, recruiting, managing and organising staff with the necessary numbers, skills and competencies to respond to the needs and preferences of people in residential services.
- **Use of Information** — actively using information as a resource for planning, delivering, monitoring, managing and improving care.

The **Quality and Safety** dimension includes the following four themes:

- **Person-centred Care and Support** — how residential services place people at the centre of what they do.
- **Effective Services** — how residential services deliver best outcomes and a good quality of life for people, using best available evidence and information.
- **Safe Services** — how residential services protect people and promote their welfare. Safe services also avoid, prevent and minimise harm and learn from things when they go wrong.
- **Health and Wellbeing** — how residential services identify and promote optimum health and wellbeing for people.

List of National Standards used for this thematic inspection:

## Capacity and capability

<b>Theme: Leadership, Governance and Management</b>	
5.1	The residential service performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect each resident and promote their welfare.
5.2	The residential service has effective leadership, governance and management arrangements in place and clear lines of accountability.
5.3	The residential service has a publicly available statement of purpose that accurately and clearly describes the services provided.
5.4	The quality of care and experience of residents are monitored, reviewed and improved on an ongoing basis.

<b>Theme: Use of Resources</b>	
6.1	The use of resources is planned and managed to provide person-centred, effective and safe services and supports to residents.

<b>Theme: Responsive Workforce</b>	
7.2	Staff have the required competencies to manage and deliver person-centred, effective and safe services to all residents.
7.3	Staff are supported and supervised to carry out their duties to protect and promote the care and welfare of all residents.
7.4	Training is provided to staff to improve outcomes for all residents.

<b>Theme: Use of Information</b>	
8.1	Information is used to plan and deliver person-centred, safe and effective residential services and supports.

## Quality and safety

<b>Theme: Person-centred Care and Support</b>	
1.1	The rights and diversity of each resident are respected and safeguarded.
1.2	The privacy and dignity of each resident are respected.
1.3	Each resident has a right to exercise choice and to have their needs and preferences taken into account in the planning, design and delivery of services.
1.4	Each resident develops and maintains personal relationships and links with the community in accordance with their wishes.
1.5	Each resident has access to information, provided in a format appropriate to their communication needs and preferences.

1.6	Each resident, where appropriate, is facilitated to make informed decisions, has access to an advocate and their consent is obtained in accordance with legislation and current evidence-based guidelines.
1.7	Each resident's complaints and concerns are listened to and acted upon in a timely, supportive and effective manner.

### Theme: Effective Services

2.1	Each resident has a care plan, based on an ongoing comprehensive assessment of their needs which is implemented, evaluated and reviewed, reflects their changing needs and outlines the supports required to maximise their quality of life in accordance with their wishes.
2.6	The residential service is homely and accessible and provides adequate physical space to meet each resident's assessed needs.

### Theme: Safe Services

3.1	Each resident is safeguarded from abuse and neglect and their safety and welfare is promoted.
3.2	The residential service has effective arrangements in place to manage risk and protect residents from the risk of harm.
3.5	Arrangements to protect residents from harm promote bodily integrity, personal liberty and a restraint-free environment in accordance with national policy.

### Theme: Health and Wellbeing

4.3	Each resident experiences care that supports their physical, behavioural and psychological wellbeing.
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